



Form No. 13S
(A/02-09)

Town of Spencer Sewer Department

90 N West Street
Spencer, Indiana 47460
Phone (812) 829-3213

Application for Adjustment of Sewer Bill due to Physical Trauma

Is the adjustment requested for your...		
<input type="checkbox"/> PERSONAL RESIDENCE or		
<input type="checkbox"/> OTHER: Type of property, building or structure:		(i.e. rental unit)
Name:		Phone No: () -
Address:	City, State	Zip
Service Address (if different than above):		
Account Number:	Meter #	Billing Cycle:
Describe traumatic event that cause the excess use of water and attach a copy of repair bill:		
Insurance Company Name and Address for Property Owner:		Policy Number:
Insurance Company Name and Address for person/entity that caused traumatic event:		Policy Number:
Name and address of Person/Entity that caused traumatic event:		
I agree to assign all rights, title and interest in any proceeds or benefits received from insurance company's and or court settlements to which I would be entitled for the damages incurred due to the traumatic event.		
Signature:		Date:
Printed Name:		Title (if applicable):

Office Use Only

Computation:	
1. Original Gallons _____	- _____ Gallons Used = _____ Gallons
2. _____ Gallons @ \$ _____ per 1,000 gallons = \$ _____	plus late fee \$ _____ = \$ _____ adjustment requested
Adjustment:	
<input type="checkbox"/> Approved:	<input type="checkbox"/> Denied
Date Approved: _____	
Amount Approved: _____	
Date Adjustment entered on computer: _____	

Repair Inspected by: _____ Date: _____